

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								FILING DATE	
								APPLICANT(S)	
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	OEP.	IND.	OEP.	IND.	OEP.		IND.	OEP.
1							51		
2							52		
3							53		
4							54		
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41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.							TOTAL IND.		
TOTAL OEP.	21						TOTAL OEP.		
TOTAL CLAIMS	22						TOTAL CLAIMS		